DENTAL TRIBUNE

The World's Dental Newspaper · United Kingdom Edition

PUBLISHED IN LONDON | January 23-28, 2012 | VOL. 6 NO. 2

News in Brief

Dentists reach end of cycle

More than 11,000 dentist registrants came to the end of their five year cycle on 31 December 2011 and must ensure that they have declared their CPD hours by 28 January 2012. All dentist registrants (except those whose cycle didn't start until 1 January 2012) should have recently received a letter reminding them about their end of year declaration. The easiest way for you to make an end of year declaration is by logging on to www.egdc-uk.org. If you haven't got an eGDC account you can register using your ID-verification code, which is included in the declaration letter. Otherwise you can complete the form enclosed with the letter, returning it to the GDC in the freepost envelope by 28 January 2012. Any forms received after this date will not be processed.

Experts call drink warnings

Researchers in Australia have called for a new health warning on energy drinks after the number of people reporting medical problems after drinking rose last year. In 2004 Health professionals from the University of Sydney's Medical School and the New South Wales Poisons Information Centre said there were just 12 reported incidents where people had suffered from an adverse reaction to energy drinks; in 2010 this figure jumped up to 65. Further figures reveal that since 2004 297 calls for assistance have been recorded and at least 128 people have been hospitalised after drinking the highly caffeinated drinks. According to reports 20 people were recorded having seizures and hallucinations. The study was published in the *Medical Journal of Australia*.

Liquorice fights tooth decay

A recent report has stated that scientists have identified too substances in liquorice that kill bacteria which causes tooth decay and gum disease. The study, published in the ACS' *Journal of Natural Products* suggests that the substances the scientists have found could play a major role in both treating and preventing gum disease. According to the report, they found that two of the licorice compounds, licoricidin and licorisoflavan A, were the most effective antibacterial substances and killed two of the major bacteria responsible for dental cavities and two of the bacteria that promote gum disease.

www.dental-tribune.co.uk

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It's time to *Face the Facts*

Radio 4 programme highlights major concerns about the General Dental Council (GDC) and its FtP procedures

BBC reporter John Waite recently presented a Radio 4 *Face the Facts* broadcast on the GDC and its fitness to regulate the dental profession; interviewing a number of ex-GDC workers, patients and the new Chief Executive and Registrar of the GDC, Evlynne Gilvarry along the way.

Criticised for its complaint handling, admin problems (which have resulted in a serious backlog of cases), problems arising due to upheavals in management and a public resignation from former GDC chair Alison Lockyer over issues "that caused [her] concern", it can be fair to say that it hasn't been an easy time for the GDC these last few years; but as Waite discovered, there seems to be little room for excuse.

The problems surround the GDC's complaints procedures. In 2010 there were 1,400 complaints, and although this sounds relatively small in comparison to the approx 100,000 dental professionals registered with the GDC, many of these complaints are in a backlog. Although the GDC are fully aware of the problem and have plans to deal with the issue Harry Cayton, CE Council for Healthcare Regulatory Excellence, who was interviewed for the broadcast, explained that complaints are not being dealt with "quickly and effectively" and in some cases decisions go against common sense.

One such incident involved dentist Mohammed Siddique, who was found guilty of re-using disposable instruments and gloves, and failing to sterilise equipment; he was also found guilty of not using water whilst drilling. After immediately being suspended by his PCT, the complaint was handed over to the GDC, who after taking two years to go through the complaints process, decided that he was fit to practise, even though they had originally concluded that there had been "serious breaches of the standards expected."

When confronted about the case, Ms Gilvarry said: "The GDCs role is not to punish the practitioner; it is to say 'how can patients be protected here?'"

So why is it taking so long for the GDC to invesitagte complaints? Although the GDC have stated that there has been an 11 per cent decrease in the time taken to get a case to the investigating committee and out of the cases that had been awaiting a hearing for longer than nine months, there had been a 29 per cent decrease these figures, as Waite uncovered, do not include cases that have yet to reach the Fitness to Practise panel.

With examples such as this and concerns that the regulator was favouring dentists over patients in case complaints, it is no wonder that people have been questioning whether the regulator is putting patient safety first. Mr Cayton did express that "overall [GDC] are protecting the public." However, he also stated that: "The [GDC] needs to refocus all its energy and its attention on patient safety and the quality of dentistry."

The GDC have said they welcomed the opportunity to take part in the programme and a raft of changes they have introduced to improve the handling of complaints against dental professionals is, they believe, already having a positive impact.

Ms Gilvarry explained that the organisation has turned the corner with a much improved FtP process, which sees the fast-tracking of the most serious cases, additional and better trained staff, seeking of clinical advice at the outset of particular cases and an increase in the number of daily hearings and decision meetings to help clear the backlog of cases. She said: "The measures we have introduced to improve our Fitness to Practise processes are aimed at enhancing patient protection. We have made significant progress in the last 12 months and further reforms planned will see a continued improvement in 2012." DT

What a year!

2011 proved to be a memorable year for Dr Zaki Kanaan, *(pictured)*, during which, he was honoured by his peers on four separate occasions.

At the beginning of the year he was elected President of The London Dental Fellowship (membership of this highly respected group is by invitation only when a vacancy occurs) and he was then elected Vice-President of the British Academy of Cosmetic Dentistry (BACD) in addition to his role as Scientific Director.

Later in the year he was invited to join the Admissions Panel for Guy's, King's and St Thomas' Dental Institutes, which interviews potential students for both the undergraduate and graduate programmes.

Finally, on New Year's Eve, Zaki discovered he had been voted into second place in the UK poll of Private Dentistry's Elite 20 Dentists.

"It was gratifying to be short listed, but to come second is a real honour," says Zaki, "especially knowing that you can only be voted for by your peers and others in the dental profession."

Zaki also runs an award-winning practice and popular whitening courses, the K2 Dental and K2 Dental Seminars, with his wife Dominique.

Dr Zaki Kanaan is one of the BACD Board Members lecturing on the BACD/BDTA Roadshow. For further details please visit www.bacd.com.

He will also be lecturing in Manchester at the BDA conference in April 2012. DT

Wellness Trust granted charitable status

The Dental Wellness Trust (DWT) has been granted official charitable status and will now launch a fundraising campaign to raise revenue for its exciting array of programmes, designed to help the underprivileged with their oral health care.

Founder of the charity, Dr Linda Greenwall, who is also Chair of the British Dental Bleaching Society, is thrilled to see the fulfilment of her long-term goal to help those in need with their dental health. She has worked tirelessly to set up the new charity as a way to give something back to the profession that has given her so much.

The London-based charity has identified a number of exemplary projects, both in the UK and abroad, and will work with partner organisations already on the ground to deliver programmes that will help people who have little or no access to basic oral healthcare.

The DWT has put together an innovative preventative-orientated educational programme, which will empower people to take control of their oral health.

The charity also offers pro-bono treatment to those in desperate need.

To find out more about the work of the Dental Wellness Trust, or how you can help, please visit www.dentalwellnesstrust.org or call 020 7267 7070 DT

Staff and children at Ilitha say thank you to the Dental Wellness charity

Host a dinner party and save a village!

Bridge2Aid are encouraging people to host a Valentine's Dinner

This Valentine's Day, instead of jumping out of a plane, climbing a mountain or running a marathon, Bridge2Aid are encouraging people to host a Valentine's Dinner.

During the month of February, the charity, which raises money for dental services in Tanzania, is asking you to invite your friends over for a dinner party to help support a Tanzanian village. The money can be raised by your friends donating money to Bridge2Aid in return for your hospitality.

Supporting a village means that the money that you raise at your dinner party will be put towards the training of a Tanzanian medical officer in Emergency Dentistry. These medical officers will then be able to treat people in their rural village, relieving them of dental pain.

The charity will supply you with dinner mat cards explaining what their money will do and a video clip to play for your guests. All guests who supply contact information will be entered in a draw to win great prizes.

Please contact fundraising@bridge2aid.org for more information on hosting a dinner to sponsor a village or visit our website to find out more. DT

Coughing up cancer

A 37-year-old mother has miraculously saved her own life by coughing up a cancerous tumour.

According to reports, Claire Osborn, from Coventry, had two coughing fits, both of which produced pieces of the tumour; however it wasn't until after the second coughing session that produced a 2cm lump that alarm bells started ringing and Clare took the "heart-shaped lump" to the doctors.

"I knew something was very wrong so I went straight to my GP," Mrs Osborn was reported saying.

Mrs Osborn was right to be concerned, as scans showed that the tissue was in fact an aggressive throat and mouth cancer; she was then informed that there was a chance that the tumour may not be the only one in her body.

"I was devastated. I just thought I was going to die," Mrs Osborn was reported saying.

However, doctors were amazed to find that the cancerous tumour was in fact the only one in her body and after a scan at University Hospital Coventry she was given her the all-clear.

It is believed that the lump, which is thought to have been growing on the back of her throat, became dislodged before the coughing fits.

According to one report, Mrs Osborn said: "The consultant turned round to me and said 'It appears you have coughed up your cancer. Congratulations.'"

Fewer than 30 similar cases have ever been recorded in the world.

Head and neck surgeon Gary Walton was reported saying: "We suspect the tumour grew on a stalk at the back of her mouth which is very difficult to detect. Somehow she dislodged this, the stalk snapped and she coughed up the tumour." DT

Oral care of older patients remains a challenge, says BDA

The quality and availability of oral healthcare for older adults remains an issue, and insufficient priority is being given to making improvements, the British Dental Association (BDA) has warned in a new report.

The report says that many older adults' health and well-being is under-served and that concerns remain about provision in the future. It also argues that oral health is often not properly considered in wider healthcare provision and, as a result, that many patients simply don't get the care they need. Furthermore, the report warns, the aging demographic of the population of Britain means that new challenges will emerge; including a significant increase in demand for restorative dental treatment.

The report provides a progress check on 21 recommendations for improving oral care for older people published in a BDA report of 2003. Just six of those recommendations have been met in full, today's report says. Amongst the challenges yet to be confronted are inadequate information about patient charge exemptions, the inability of dentists to prescribe artificial saliva except in certain circumstances, and the continued absence of a commissioning framework that properly takes account of older patients' needs.

Today's report sets out twelve priorities for reform including the provision of free, comprehensive oral health assessments for over-60s, better integration of health and social services, and the establishment of basic standards for care with which care homes should be obliged to comply.

"This report reminds us that many older adults simply aren't receiving the oral healthcare they need. That is unacceptable. Although a great deal of progress has been made against the priorities highlighted by the BDA in 2003, notable challenges remain and new ones are emerging. This is a problem that won't go away. The BDA will be pushing hard for the twelve new priorities this report sets out to be addressed." DT

Editorial comment

The British Dental Association is this week making history after it has called for dentists' views on the possibility of balloting for strike action over the proposed changed to NHS pensions and the impact it could have on dental professionals.

In an attempt to gather opinion on the pension reforms and industrial action in time for its Representative Body meeting in early Feb, the BDA launched a survey which was sent to members for completion.

The idea of strike action does not seem to sit well with dental professionals, and in essence I agree with them. Not that I am against large scale protest or that dentists shouldn't show solidarity in highlighting a particular issue, I just think that NHS pension reform isn't the best issue!

Why not look at other issues that affect dentistry and make a rallying call to members over those? I'm sure we can all think of a few...

Let me know what you think about the pension issue and whether the BDA should call for strike action. Email me at lisa@dentaltribuneuk.com DT

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don't hesitate to write to:
The Editor,
Dental Tribune UK Ltd,
4th Floor, Treasure House,
19-21 Hatton Garden,
London, EC1 8BA

Or email:
lisa@dentaltribuneuk.com

100 miles in 30 days for the Ben Fund

Tony Chivers, MBE, has rowed 100 miles to raise much-needed funds for the BDA Ben Fund and the Dentist's Health Support Trust.

"It would be tragic if the work of both charities ceased through lack of finance," says Tony, who is Vice President of the Ben Fund.

Rowing at an average speed of 6mph on a concept rowing machine for more than 18 hours in November, Tony has so far raised £2,180 towards his £10,000 target. "A hundred miles in 30 days may not sound much," he says, "but at 91 years old, it was quite a challenge!"

The Dentists' Health Support Programme is a confidential alcohol and drug programme offering advice, counselling and treatment where necessary. The Ben Fund has a much wider role, helping all UK dentists and their families in times of need.

"Please join me to ensure that the work of these charities continues," says Tony. "There is still a long way to go, so please make it a real team effort." DT

• To give a donation, please go to: www.justgiving.com/tonychiversrow100. For more information about the BDA Benevolent Fund call 020 7486 4994, email dentistshelp@btconnect.com or go to bdabenevolentfund.org.uk. All enquiries are considered in confidence. The BDA Benevolent Fund is a registered charity no. 208146

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Dr John Moore
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Ms Jackie Coventry
Dr Mona Kakar

EARLY BOOKING DISCOUNT

ADAM Conference has practice management at its heart

Dates for the ADAM Conference - the only event of its kind in the UK for dental practice managers and administrators – have been revealed and it is set to take place in Harrogate on May 18 and 19.

The Association of Dental Administrators and Managers (ADAM), formerly the British Dental Practice Management Association (BDPMA) is thrilled to be hosting a conference again, after an absence of four years.

The ADAM Conference in partnership with MDDUS, is called The Nuts and Bolts of Practice Management and will take place at the 4-star Majestic Hotel. A relevant, diverse and interesting programme has been developed, highlights of which include a mock disciplinary hearing on the Friday afternoon and high-calibre guest speakers.

Jill Taylor, ADAM's president, said: "There aren't many events in the dental calendar designed with only practice managers and administrators in mind, so we are hoping this will be popular. We have developed a jam-packed programme that will leave delegates buzzing with ideas and a desire to get back to the practice to implement a host of new initiatives.

"To crown the event, we are very much looking forward to the ADAM Conference Dinner and Awards Ceremony, which promises to be an exciting end to an enthralling conference."

Speakers, including Denplan's chief dental officer, Roger Matthews, business planning expert Andy McDougall from Spot On Business Planning and Jann Gardner, specialist in health care delivery and service management, will impart their wisdom on a range of topics close to the hearts and minds of practice managers and administrators, including customer service, performance management, financial control, making the most of human resources and developing assertiveness skills.

To crown the event, the ADAM Conference Dinner and Awards Ceremony will offer delegates, ADAM Awards finalists and supporters the opportunity to dress up, network, eat, drink and be merry, and applaud the winners of Practice Manager of the Year, Administrator of the Year and Treatment Co-ordinator of the Year.

Early bird tickets are now available. For members, prices start at just £64 for the Friday, £120 for the Saturday or £165 for both days. For non-members, early bird tickets cost £80 (Fri), £150 (Sat) and £215 for both days. Tickets for the ADAM Conference Dinner and Awards Ceremony on Saturday night cost £45 and include a three-course meal and two glasses of wine. Early bird tickets are available until March 14. DT

• To download a conference brochure visit www.adam-aspire.co.uk

Literacy difficulties 'hurt oral health'

A low reading level below could potentially harm a person's oral health

A new report looking into literacy levels in the UK has uncovered more than five million adults have a reading level below that expected of an 11-year old – which could potentially harm their oral health.

The 2011 Skills for Life Survey, published in December by the Department for Business and Innovation found that one in six (15 per cent) of adults aged 16-65 achieved literacy skills at or below entry Level 3 – the equivalent expected by the National Curriculum of those leaving Primary School.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, says the profession need to make sure those who lack basic reading skills get the right information in a form that is more easily understood.

Dr Carter said: "Millions of people in the UK suffer from poor literacy skills and this can have a troubling impact on their oral health. Regrettably, this will ultimately have an effect on a patient's ability to read, understand and use oral healthcare information to make decisions and follow instructions for treatment, often leaving them wondering where to go and what to do next.

"Patients are not expected to understand medical jargon and dental professionals must consider carefully how effective their communication is verbally, online and in print."

The British Dental Health Foundation offer a series of more than 50 easy to read information leaflets, ranging on a variety of dental topics. Over one million leaflets were sold to dental practices and oral health educators in 2011, while a further million visited online versions on the Foundation's website.

Dr Carter added: "We have a strict policy on plain English for all our educational material. Our Tell Me About range offers easy to understand information, which avoids medical jargon and includes diagrams outlining various stages of treatment. Written and verified by qualified dental professionals, in an easy to understand Q&A format, they have proved immensely popular with the profession and are undoubtedly a worthwhile tool to make sure the patients leave with the right information. Our Dental Helpline service also gives patients another way to get the clear and simple information they need."

The nationwide survey investigating literacy levels throughout the UK also found that an estimated 1.1 million adults fit into entry Level 1 – the equivalent of National Curriculum for 5-7 year-olds. This figure has increased by a third since the previous study in 2003 (from 3.4 per cent to 5 per cent).

Poor literacy may be a widespread problem but dentists can only act if they know they exist, but there are several tell-tale signs to look out for. Patients could struggle completing forms, having problems replying to recall letters or have difficulty following written advice.

Patients with such difficulties should report them to their dentist so they can receive the information in a format that is easy to understand, giving them the best possible care.

The Foundation's Dental Helpline, manned by trained dental nurses and oral health educators, is open between 9am and 5pm, Monday to Friday on 0845 063 1188. Alternatively the team respond to enquiries from the website. DT

Team up for Three Peaks challenge

Ingleborough, the second highest of Yorkshire's Three Peaks

Do you work in a great team? If so, this is the ideal event for you and your colleagues. Bridge2Aid, (B2A) the dental and community development charity working in the Mwanza region of North West Tanzania, has arranged a fantastic fundraising event for teams of three to six people. Your team is challenged to walk the Yorkshire Three Peaks in under 12 hours. The spectacular route is roughly 24 miles long, taking in the summits of Pen-y-ghent (694 metres), Whernside (736 metres) and Ingleborough (723 metres). That makes approximately 1,600 metres of ascent and descent.

The event takes place on Saturday 31 March and is being run for B2A by Eight Point Two, a specialised organiser of challenging events who will provide qualified instructors, marshals for the mountains, communication systems and full support.

Completing the Yorkshire Three Peaks challenge in 12 hours is no easy task and will require the right preparation, support and lots of determination. Participants should do some pre-event training – walking, of course, as well as swimming or cycling.

The cost of registration is £20 per person and teams must commit to raise at least £200 per person before the event. Practice Plan and IDH have already entered two teams each and there have been verbal commitments from several other companies in the dental industry.

Why not enter your team to tackle the physical challenge while enjoying spectacular Yorkshire scenery – as well as raising vital funds to help Bridge2Aid's essential work in Tanzania?

For more information about the Yorkshire Three Peaks go to www.eightpointtwo.co.uk/YorkshireThreePeaks. To find out more about the B2A challenge and to register your team go to www.bridge2aid.org or contact Kerry at fundraising@bridge2aid.org DT

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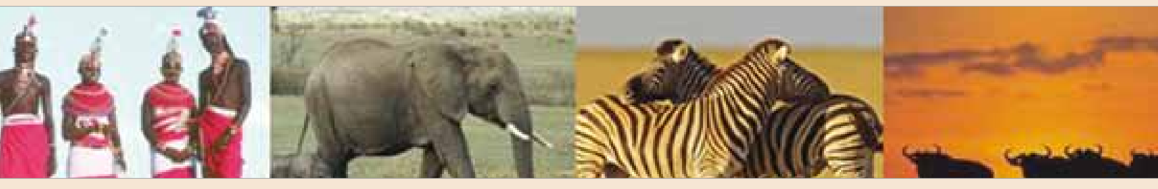
Working for a greater good



You have worked hard, time for a big break. Time for the 3 Cs: Charity, conference and congeniality. In February you have the opportunity to travel to Cape Town in South Africa for the Clinical Innovations Conference and tour in association with Smile-On and the AOG.

The AOG is well known for its packed dinner dates, fun family days, international trips and worldwide charitable projects. Last year's trip to India was a resounding success; if you missed that then this year's trip to South Africa is a must.

The AOG trip to South Africa is not the only option for a fundraising awareness visit, it is a chance to see some outstanding sights. During the last 40 years all AOG activities have led to a charitable contribution as a matter of habit. As well as supporting a cleft lip and palate treatment centre that provides facilities for 500 villages with respect to dental care, the AOG involved in building of a rehabilitation centre for disabled people in Musoma.

You will have truly unique experience in South Africa with an international conference and dinner, a major themed occasion, a significant charitable act, tours and dances. There is also lots of time to devote to relaxing and unwinding.

For further details on forthcoming trips, or to join, visit www.aoguk.org. DT

Surveys recognise Wesleyan as top industry performer

Wesleyan Assurance Society, the Birmingham-based financial services specialist for doctors, dentists, teachers and lawyers, has again topped a leading industry survey for the performance of its with profits bond.

The bond was named top performer in a Money Management survey* published earlier this month giving Wesleyan savers the best payouts on their investments and outperforming similar products from larger firms such as LV= and Prudential.

The survey looked at the 'cash in' value for a £10,000 initial investment over one to 10 years. Wesleyan took the top spot not only for ten years – which saw a return of £16,803, with an AGR (Annual Growth Rate) of 5.3 per cent, compared to the 1 per cent net from an average 90 day deposit account over the same period – but also over six, seven, eight and nine years.

These results come on the back of Wesleyan being rated a 'rock solid 10 out of 10' in an independent survey of with profits offices by Cazalet Consulting, making it the only life office to achieve this feat for seven successive years.

The report said: *"[Wesleyan] continues to top the charts with regard to impressive with profits financial strength, good investment flexibility and relatively very strong underlying investment performance, added to which the Society has managed the rare feat, compared to the sector as a whole, of attracting more in premium income than it has been paying out in claims during the past couple of years."*

Wesleyan Chief Executive Craig Errington said: "With the uncertainty in the economy, reports like this highlighting our track record of financial strength and investment performance reassure our customers that Wesleyan is a safe place to invest their money.

"We can expect the next 12 months to be another difficult period for savers and investors, especially with interest rates expected to remain at record lows, but we are confident customers will continue to benefit from our financial strength and our mutuality."

* Results taken from Money Management magazine study published 01.01.2012 'With profits bonds: latest results'. Results tracked cash in values to November 2011. DT

UKloupes donates £500 to keep children smiling

A young entrepreneur based in Cardiff has donated £500 to SmileTrain a charity that provides free cleft surgery to hundreds of thousands of poor children in developing countries.

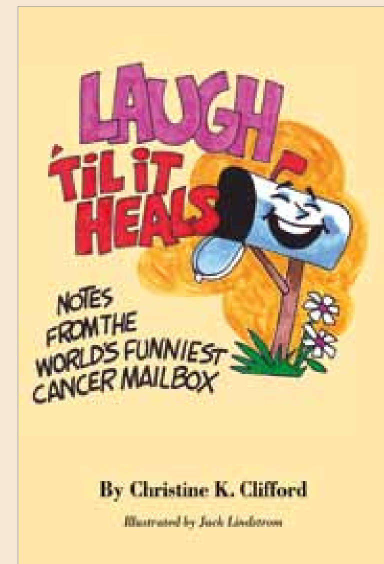
Clefts are currently a major problem in developing countries where millions of children are suffering with unrepaired clefts. Most cannot eat or speak properly, aren't allowed to attend school or hold a job. They face incredibly difficult lives and their clefts usually go untreated because they are poor – too poor to pay for a simple surgery that has been around for decades.

UKloupes donates £3 from every sale to SmileTrain and have, through other fund raising events, donated more than £1500 to the charity.

Dave Stone, founder of UKloupes and a newly qualified dentist, comments: "In such a tough economic climate, it's easy to forget about others in the world who may be suffering more than just financial difficulties."

The UKloupes donations will have provided cleft lip and palate surgery for 10 children as well as training surgeons and providing medications and equipment. DT

Book advises: *Laugh 'til it heals*



Laugh 'Til It Heals: Notes from the World's Funniest Cancer Mailbox, has been described as the book that offers healing humour for cancer survivors and brings funny cancer stories to life.

Written by bestselling author Christine K Clifford *Laugh 'Til It Heals: Notes from the World's Funniest Cancer Mailbox* is a compilation of touching cancer stories from men and women who sent letters to The Cancer Club®, an online forum for people with cancer.

The book explores the humorous side of cancer while also providing information on how to support someone who has cancer, and giving advice regarding beneficial nutrition. The book is also practical in citing resources created by cancer patients worldwide.

As you read these touching stories, you will laugh out loud with the storyteller. Laugh at the story of a woman chasing tumbleweed (her wig) across the parking lot on a windy day, or the woman who suffered the side effect of a powerful diuretic in public. As Christine says, "Don't forget to laugh!"™

In 1995, a year after having breast cancer, Christine launched The Cancer Club® (www.CancerClub.com), which offers hope and support to cancer patients, their families and friends all over the world. The site also offers a newsletter, books, cartoons, articles, inspirational gifts, resources and helpful tips. *Laugh 'Til It Heals* is being published in response to the thousands of funny stories Christine has been collecting from Club members since she started the company.

"Laughter reaches a place no medicine can touch: the soul," Christine said. "Managing cancer is a serious business. The treatments are toxic, the stakes are high, and the situations with which a patient must cope are often treacherous. Laughter has many therapeutic side effects. Laughter and humour can help you get past the unpleasant, manage the unbearable and cope with the unexpected."

Christine firmly believes laughter saved something as important as her life during cancer: her spirit. All too often our sense of humour escapes us in times of trouble, yet Christine believes laughter has many therapeutic effects and can assist in fighting illness.

One of Christine's members had been very depressed since her mastectomy. One day all that changed and she appeared to be much more back to her "old self". A good friend noticed and asked her friend what the difference was. Her reply encapsulates the essence of the book: "Last Tuesday I just woke up and I realised that my sense of humour wasn't in my left breast". DT

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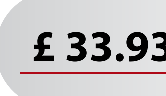

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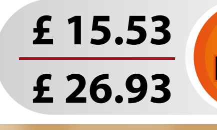

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The Direct Access debate

In our look at the two sides of the debate surrounding Direct Access (DA) for hygienists and therapists, Shaun Howe argues that DA can only be a good thing...

Hygienists and therapists have a duty of care to patients

It's an old profession; I'll grant you it's not the oldest but we do have to thank Dr Alfred C Fones who in 1911 decided to train his dental assistant in how to carry out prophylaxis in the mouth, in the knowledge that good oral hygiene would prevent future disease. We have come an awful long way since then; being enrolled (1958), having the ability to work in general dental practice (1974) and the rest as they say, is history.

Patient wants vs. Patient needs

We work in a patient-led profession; despite what we say or tell our patients, they have the right to choose what they have done to them. We tell them the effects of not treating disease and they still choose not to have treatment(s) carried out. It is their body and it is their choice, and we respect that. In this scenario how could it not be argued that direct access is a good thing?

If we were ethically obliged to treat disease regardless of their choice, we may have a very different discussion here but that has never been the case (with the very rare exception of those unable to make decisions for themselves). However, the reality is that we have to let patients make their own choices. If a new patient attended a practice and was told by the GDP that they needed x fillings and root treatments and treatment for advanced periodontal disease, yet all they sought was removal of stain, then we are powerless to stop that and have to respect their wishes and do what they want (providing the treatment does not harm them, in this case we may refuse to treat them).

We have to explain the consequences of not having the prescribed treatment but it still remains their choice. The GDC tell us this is so and that we have to respect dignity and choice.

Patient safety

The biggest concern for all involved has to be patient safety; this I cannot argue against. It is imperative that patients are protected and cared for. There are some that will argue that patients will be put at risk because of direct access and have suggested that this is because the GDP will screen for disease that we may miss. I know what a hole in a tooth looks like and sometimes have to get the GDP in to confirm that yes, it is a hole and it needs treatment; this is despite the fact that the patient has just (or recently) had an examination. This is not a dentist bashing; far from it. I often feel that in the team I work in that this protects the patient, the GDP and myself from potential problems; the more eyes the better as far as the patient is concerned.

The FGDP recently asked for DCPs who have spotted a cancer and made a difference to patients' wellbeing because of this, all as part of Oral Cancer Awareness Month; hang on a moment, surely the GDP should have spotted the lesion? Just a thought. But this was perhaps naughty of me using this because I do not know the ins and outs, but to suggest that I (or any other hygienist) would ignore a lesion is somewhat surprising in the least. I will always ask my dentist colleagues to look at anything I don't like the look of and sometimes I refer onwards because that is the right thing to do. I do not believe that with direct access patient are anymore at risk than they are now.

Protectionism

There is, I am afraid to say, a whiff of protectionism about the whole anti direct access argument. This is somewhat of a lame argument as there are very few hygienists that appear to want to open their own "practice"; indeed those that are minded to probably already have and are working hand in hand with local GDPs to make their enterprise work. This is possibly going to be the rarity rather than the norm with the vast majority still wanting to work side by side with their dentist colleagues so that they can refer to them sooner rather than later.

> *'We work in a patient-led profession; despite what we say or tell our patients, they have the right to choose what they have done to them'*

By removing the need for a prescription a dental hygienist in a practice could then advertise their own services to other practices or indeed the local population at large. Whilst it may be that someone attends purely for cosmetic reasons, which would not stop any hygienist not treating that patient because there are more serious concerns that need to be dealt with by our GDP colleagues. It does not seem unreasonable to me to suggest that with direct access hygienists will work with an associate-type contract rather than the current models out there. I know very little about being self-employed (being wholly employed in the practices I work in) and I see no reason why this could not continue with direct access as the patient goodwill will still belong to the practice and not the hygienist in question.

Qualification and experience

I think there is some confusion amongst many about who will get direct access and under what rules. Many of us feel that there is a very real need for not only experience but some recognised course that will enhance those skills learnt in hygiene school, and with experience; perhaps after gaining this qualification working with a periodontologist mentor that would be available for advice if necessary.

This would be an absolute pre-requisite and not negotiable. This would allow those that do not want the added responsibility of direct access to not have it. Let us not forget that this is not for all; it would allow the indemnifiers to differentiate between those that have added responsibility and those that don't and have proportionate fees that reflect this.

The very real world

Ok, it is a fact that many of us work in the absence of a diagnosis or a correctly completed prescription. I have spent 18 years working with "Ref Hyg" in notes as have a great number

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Diagnosis by proxy?

of my colleagues. We carry out diagnosis by proxy on a daily basis and in many cases will be the first person to mention to a patient that there is pocketing and inflammation (notice the subtle difference here; we tend not to tell them they have a periodontitis).

If we are to work to a prescription then this in itself is somewhat of a quandary; the GDC in its Standards Guidance tells us that a treatment plan from a dentist could be "outline" or "detailed". Again this presents problems on a daily basis because I am then left to decide the direction of treatment and to decide what treatment the patient needs without any clue from the GDP. Perhaps this is a trust issue and the GDPs I work for trust my judgement, skill and abilities? I'm not sure if this is true because I have walked into practices as a new member of the team and still had the same issue!

There is plenty of anecdotal evidence that this is wanted by patients; the GDC regularly has patients contacting them wanting to know why they have to see a dentist first as do the practices I work in. Reception at one practice receives on average three or four telephone calls a month from patients wanting to book in for a hygienist appointment, only to be told they cannot as there is no valid prescription in the notes and to get that they must have an examination with their GDP; frustrating for all involved I'm sure you would agree?

I do not think direct access is quite the issue many are making it. There are so few that want to open their own practice and the vast majority perhaps just want the ability to see a long standing patient without having to go through the rigmarole intimated to previously? They will screen for disease and advise the patient appropriately because to not do so would be unethical. Whilst this piece does not allow me to explore the whole "pro" argument in any great detail, I do hope it has made many think?

> *'There is plenty of anecdotal evidence that DA is wanted by patients; the GDC regularly has patients'*

There are lots of issues and there are those that perhaps could present this argument in a much better way. The above is my opinion only; I choose not to be a member of the various representative bodies but that does not make my opinion any less valid and I thank *Dental Tribune* for giving me a forum in which to do so. DT

About the author

Shaun trained and qualified in the Royal Army Dental Corps in 1993. He works in the NHS and privately full time in Derbyshire and Nottinghamshire. He sat on the GDC Fitness to Practise Panel from 2003-2008 at which time he became one of three DCP Local Advisers to Dental Protection Ltd; he is also a Key Opinion Leader for Philips Sonicare and is currently training in Mentorship to become part of their Transitional Support Program. Shaun has a keen interest in Clinical Governance and is an FGDP trained practice appraiser. He currently sits on the Editorial Board of *DH&T* and *Dental Tribune* and contributes to these often. He has spoken widely to groups all across the UK drawing on his experiences on FtP and his work with Dental Protection.

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